

Primary Syphilis on the Rise

The North Dakota Department of Health (NDDoH) is reporting an increase in the number of primary syphilis cases, which demonstrates that transmission is occurring in the state. There have been seven reported cases of primary syphilis in July - August 2019 which is equal to the total number of reports from January – June 2019. The majority of the recent cases have resided in Cass County and are in both men and women. Primary syphilis is the first stage of the infection and is highly infectious. It typically presents with a painless lesion, also known as a chancre, and occurs at the anatomical site in which the bacterium enters the body. However, in some instances the chancre cannot be seen due to its location. Risk factors for these infections have been noted among men who have sex with men, persons who inject drugs and/or people reporting anonymous sexual partners.

Action Items:

Local and Tribal Health Departments: Please forward this health advisory to all healthcare providers in your jurisdiction.

Hospitals and Clinics: Please forward this health advisory to all infectious disease, primary care, OB/GYN, and emergency/urgent care providers.

Health Care Providers:

- Obtain a complete sexual risk history of all patients.
- Test for syphilis and other STDs, including HIV, for all persons with high-risk sexual behaviors.
- Test and treat patients presumptively with symptoms suggestive of primary or secondary syphilis.
- Test and treat patients presumptively when exposed to syphilis.
- Test all pregnant persons at the first prenatal visit, at 28-32 weeks and then at delivery, regardless of risk.

The NDDoH is asking all healthcare providers in North Dakota to obtain a complete sexual history of their patients to identify individuals that may be at high-risk for syphilis and other STDs, including HIV. A complete sexual risk assessment includes the discussion of risk factors such as anonymous sex, drug use, number of sex partners, type of sexual activity, and history of past or current infections with other STDs or HIV. Individuals that are tested for syphilis should also be tested for other STDs and HIV as many cases have had multiple infections. Chlamydia and gonorrhea testing should be site specific (genital, oral and/or rectal), depending on the type of sexual activity. If a patient is HIV negative, pre-exposure prophylaxis (HIV PrEP) should be provided if the patient is at high risk for HIV infection.

In order to stop the transmission of syphilis, those infected and all their sexual partners need to be treated. The treatment for primary syphilis is 2.4 million units benzathine penicillin G IM. Persons who have had sexual contact with an infected person within 90 days of an early syphilis diagnosis should be tested and treated presumptively with 2.4 million units benzathine penicillin G IM.

Table 1. Recommended syphilis treatment by stage of infection.

Stage	Treatment
Primary (Presence of one or more ulcerative lesions, e.g. chancre)	Benzathine penicillin G 2.4 million units IM
Secondary (Localized or diffuse mucocutaneous lesions, e.g. rash, palmar or plantar rash, alopecia)	Benzathine penicillin G 2.4 million units IM
Early non-primary, non-secondary (No symptoms, initial infection likely occurred within the previous 12 months)	Benzathine penicillin G 2.4 million units IM
Latent (No symptoms, initial infection likely occurred greater than 12 months previously)	Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

For more information on treatment and clinical management of syphilis , please refer to the [STD Treatment Guidelines](#). For any questions, please contact the NDDoH STD program at 701.328.2378 or 800.472.2180.

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Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance

Health Advisory May not require immediate action; provides important information for a specific incident or situation

Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation

HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##